



Established 2003

191 Central Avenue  
Newark, NJ 07103  
Office: 973.732.3323  
Fax: 973.556.1028

[hr@visualprotectionsecurity.com](mailto:hr@visualprotectionsecurity.com)

Dear Applicant,

Thank you for your interest in our company. Please note that there are 8 pages total in this application (including this letter).

To expedite your application, please read the instructions below. If you have any questions, please email [hr@visualprotectionsecurity.com](mailto:hr@visualprotectionsecurity.com) or call the office at: (973)732-3323.

Sincerely,

VP Security Services Inc.

### Application Instructions

You can also get a copy of the application on-line on our website [www.visualprotectionsecurity.com](http://www.visualprotectionsecurity.com)

- ✓ Save the PDF file to your desktop or computer
- ✓ Open the PDF file via Adobe Reader & Print
- ✓ Fill out the form completely (incomplete applications will not be considered)
- ✓ Complete the Employment Verification Form (top portion), should be your current or the most recent employer
- ✓ Application must be accompanied by a CLEAR current copy of you NJ Identification (driver's license is acceptable), Current SORA card (Temp Certificate not allowable) and a copy of your Social Security Card will be required at the time of interview
- ✓ Once Application is complete, please contact the office at (973)732-3323 to schedule an appointment to submit the application and schedule a sit-down interview.
- ✓ **REMEMBER** First Impressions Count! Dress like you want the job.

*Completing of this Application is not to be considered a formal job offer.*



New Jersey State Police  
Security Agency  
License #1086





# APPLICATION FOR EMPLOYMENT

V.P. SECURITY SERVICES, INC. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status or sexual orientation.

**PLEASE TYPE OR PRINT (blue or black ink only).** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "See Resume"). Applications with missing or invalid job numbers will not be considered for any position.

APPLICANT INFORMATION:			
Position Applying For: <input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED		Name (Last, First, Middle):	
Street Address:		City/State/Zip code:	
Social Security Number:		Date of Birth:	Cell Phone #:
		Home Phone #:	

PLEASE ANSWER THE FOLLOWING QUESTIONS:		
Are you eligible to work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you 18 years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, what is your current age?
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, where are you employed? Current Job Title?
Have you ever been employed by V.P.S.S?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, dates of employment & reason for leaving:
Are you related to any current V.P.S.S. employee?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, employee's name & their relationship to you?
If required for hired position, do you have a valid driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, State of Issuance, License # and Expiration:
How did you learn about this employment opportunity at V.P.S.S.? Check all that apply:		
<input type="checkbox"/> Job Bulletin (Posting) / Walk-in <input type="checkbox"/> Department of Labor <input type="checkbox"/> Ad in Newspaper <input type="checkbox"/> Ad in Magazine <input type="checkbox"/> Website		
<input type="checkbox"/> Referral by employee: _____ <input type="checkbox"/> Other: _____		

EDUCATION INFORMATION						
Name of School	City / State	Did you Graduate?	If NO, # of years left to graduate	If YES, date of Graduation	Degree Received	Major
High School:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
GED:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
Other School:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
Other credentials: Licenses / Professional Affiliations, etc. which are relevant to the job for which you are applying:						

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge and note your level of proficiency (basic, intermediate or expert)


**WORK EXPERIENCE:** Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume".

**PLEASE NOTE:** V.P. Security Services, Inc. reserves the right to contact all current and former employers for reference information.

<b>Dates Employed (most recent position):</b>		<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time	<b>Title:</b>
<b>From:</b>	<b>To:</b>	<b>If part-time, # of Hour per Week:</b> _____	
<b>Starting Salary:</b>		<b>Employer's Name and Address:</b>	
<b>Final Salary:</b>			
<b>Supervisor's Name, Title &amp; Phone #:</b>		<b>Other Reference Name, Title &amp; Phone #:</b>	<b>Contact my current references:</b>
			<input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
<b>Primary Duties:</b>			<b>Reason for Leaving:</b>

<b>Dates Employed (most recent position):</b>		<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time	<b>Title:</b>
<b>From:</b>	<b>To:</b>	<b>If part-time, # of Hour per Week:</b> _____	
<b>Starting Salary:</b>		<b>Employer's Name and Address:</b>	
<b>Final Salary:</b>			
<b>Supervisor's Name, Title &amp; Phone #:</b>		<b>Other Reference Name, Title &amp; Phone #:</b>	<b>Contact my current references:</b>
			<input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
<b>Primary Duties:</b>			<b>Reason for Leaving:</b>

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.** I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omissions of facts, represents grounds for elimination from consideration for employment, or termination of employment if discovered at a later date. I authorize V.P. SECURITY SERVICES, INC., to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employees, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of V.P. SECURITY SERVICES, INC., serve At-Will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		<b>Additional Information</b>				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.						
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
<b>Acceptable Receipts</b>  May be presented in lieu of a document listed above for a temporary period.  For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"><li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )		New Name ( <i>if applicable</i> )	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )		New Name ( <i>if applicable</i> )	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )		New Name ( <i>if applicable</i> )	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

## EMPLOYMENT VERIFICATION

### THIS SECTION TO BE COMPLETED BY EMPLOYEE

TO:

NAME OF EMPLOYER

ADDRESS OF EMPLOYER

PHONE # OF EMPLOYER TO CALL FOR VERIFICATION

IF KNOWN EMAIL ADDRESS OF EMPLOYER FOR VERIFICATION

RE:

EMPLOYEE NAME

EMPLOYEE PHONE NUMBER

FROM: VISUAL PROTECTION SECURITY SERVICES

191 CENTRAL AVENUE

NEWARK, NJ 07103

P: (973) 732-3323 F: (973) 556-1028

X X X – X X –

SOCIAL SECURITY NUMBER (LAST 4)

### PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no order than 12 months.

Signature

Date

### THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current Wage/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly monthly yearly other \_\_\_\_\_

Average # of hours worked per week: \_\_\_\_\_ Average # of OT hours worked per week: \_\_\_\_\_

Shift worked: \_\_\_\_\_ Is the employee's work seasonal or sporadic? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employee terminated for any other reason other than Lack of Work? Yes \_\_\_\_\_ No \_\_\_\_\_ \* If No, briefly explain:

Signature

Date

Print Name

Tel. #

Title

Company Name